M. GALE LEMMON #4363 Assistant Attorney General MARK L. SHURTLEFF #4666 Attorney General Attorneys for Utah Insurance Department State Office Building, Room 3110 Salt Lake City, UT 84114 Telephone (801) 538-3872

BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:

RESPONDENT:

DEFAULT AND DEFAULT ORDER

UTAH STATE INSURANCE DEPARTMENT

Docket No._2008-098-LC

MIKE PADILLA
7531 Acorn Bend
San Antonio, TX 78250 and
5107 Over Pool
San Antonio, TX 78228
License No. 249979

Enf. Case No. _2141_

DEFAULT

Please take notice that, pursuant to Utah Code Annotated Section 63G-4-209, and more than 30 days having elapsed since the mailing of the Complaint and Notice of Formal Adjudicative Proceeding in this matter, and no response having been received, the Default of the Respondent is hereby entered.

DATED this 17 day of September, 2008.

D. KENT MICHIE
INSURANCE COMMISSIONER

MARK E. KLEINFIELD, Esq.

Presiding Officer

Utah Department of Insurance State Office Building, Room 3110

Salt Lake City, Utah 84114 Telephone (801) 538-3800

DEFAULT ORDER

The Default of the Respondent having previously been entered, the presiding officer hereby adopts the allegations in the Complaint as his Findings of Fact and Conclusions of Law, and enters the following Order:

IT IS HEREBY ORDERED:

- 1. The insurance license of the Respondent, Mike Padilla, is hereby revoked forthwith.
- 2. Respondent shall immediately cease doing any insurance business in the State of Utah.

NOTIFICATION

Respondent is hereby notified that failure to abide by the terms of this Order may subject him to further penalties, including additional forfeitures of up to \$5,000.00 per violation and the filing of an action to enforce this Order in the District Court which may impose penalties of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

D. KENT MICHIE INSURANCE COMMISSIONER

MARK E. KLEINFIELD, Esq.

Presiding Officer

Utah Department of Insurance

State Office Building, Room 3110

Salt Lake City, Utah 84114

Telephone (801) 538-3800

CERTIFICATE OF MAILING

I do hereby certify that on this date I mailed, by regular mail, postage prepaid, a true and correct copy of the attached:

DEFAULT AND DEFAULT ORDER

To the following:

Mike Padilla 7531 Acorn Bend San Antonio, TX 78228

DATED this 17th day of September 2008.

Linda/Hardy

Court Clerk

Utah Department of Insurance

State Office Building, Room 3110 Salt Lake City, UT 84114-6901